



Kansas Department of Health and Environment

Long Term Care Program

FACT SHEET

Volume 24, Number 2

www.kdhe.state.ks.us/bhfr

April 2003

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Please route this **FACT SHEET** to nursing staff and other interested parties in your facility. This publication may be copied or accessed through the internet address above.

REMODELING AND NEW CONSTRUCTION

Currently there are over fifty remodeling and new construction projects in licensed adult care homes. The following information was developed to assist facility staff in understanding the process and who to contact for information.

All correspondence related to licensure of facilities should be directed to Rita Bailey, licensing administrative specialist. A letter of intent should be sent to Rita as soon as a decision has been made to build a **new facility** or add an **addition** or **remodel** an existing facility that involves structural elements. The letter of intent must include the type of license requested and other information as required in KAR 28-39-145a(a)(2). Once the letter of intent is received, a construction file is opened by the licensing section. Rita notifies the State Fire Marshall's office of the proposed new building or addition/remodel project.

Another construction file is opened by the environmental specialist for the Long Term Care Program. The environmental specialist is responsible for answering questions related to the regulations for the construction of health care facilities. The final construction survey is conducted by the environmental specialist. This position can be contacted at 785-296-1240.

The Fact Sheet is published by the Kansas Department of Health and Environment.

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

Bureau of Health Facilities
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Topeka, KS 66612-1365

Rita Bailey controls the flow of information to the surveyors, the environmental specialist and the State Fire Marshall's office. The request for a site approval or the written 30 day notice of the date the architect estimates that 50% and 100% of the construction will be completed must be sent to Rita.

Rita notifies the State Fire Marshall's office of the need for a 50% construction survey. The 50% construction inspection is performed to ensure that the fire and life safety protection and suppression system has been properly installed. Therefore, installation of dry wall must be delayed until after the State Fire Marshall's inspection has been conducted and the work to that point of construction has been approved. The inspector will inform the contractor what does not meet the Life Safety Code Interpretative Guidelines and leave the form POC1 that contains items to be corrected or states there are no corrections needed. A report indicating that the 50% inspection has been completed is sent to Rita Bailey by the Fire Marshall's office.

Upon receipt of a notice that the architect estimates that construction will be completed within the next 30 days, Rita notifies the State Fire Marshall's Office and the Environmental Specialist. Both agencies will call the facility and schedule a date for the final construction inspection. The building, including driveways and sidewalks must be completed prior to the final inspection. All systems that affect resident care and safety must be in place. This includes resident call systems and electronic monitoring of egress doors. Furniture and equipment used in public areas and resident bedrooms must be in place. If the facility allows residents to bring in their own furniture, it is helpful to have at least one resident bedroom set up to allow for testing of light levels. All furniture and fabrics used in the resident bedrooms must have documentation related to the level of fire retardancy. The facility must also have documentation of final system testing of the fire prevention and suppression system for the State Fire Marshall.

A day or two before the scheduled survey, the environmental specialist will call the facility and inquire as to whether the facility is ready for the final inspection. If the building is not ready, it is very important that this information be provided. Another inspection date will be set. Due to funding restraints, it could be difficult to schedule a second inspection. This could delay the opening of the facility or the new addition.

The environmental specialist will provide the facility with a written report of inspection findings. If there are areas identified as non compliant with the regulations, the facility will be required to submit a written plan of correction with a time frame for correction. A written response to the plan of correction will be provided to the facility. If there are areas that need to be corrected before residents can be admitted, the facility will be asked to notify the bureau in writing when the items are corrected. New nursing facilities will be scheduled for a licensure survey upon notice that the building is ready for occupancy.

A license will be issued when all initial licensure requirements have been met. Residents cannot be admitted to the new building, addition or remodeled area until after the facility has received approval from the bureau. The biggest problem with timely opening of new or remodeled facilities is the lack of adequate notice of when construction will be completed. The thirty day notice process is very important in ensuring that the surveys can be appropriately scheduled.

Staff from the licensing section, long term care section and the State Fire Marshall's office participated in the preparation of this article.

Remodeling of a Facility

Many remodeling projects do not require approval from the bureau. Remodeling that does not include structural changes do not require the services of an architect. If the remodeling changes the use of a room or area identified in the regulations, the change in use of a required room form must be completed and submitted to the bureau for approval. This is a requirement found in KAR 28-39-145a(i). The form is available on the bureau website at www.kdhe.state.ks.us/bhfr.

It is recommended that facility staff discuss proposed changes with the environmental specialist to ensure that the changes do not require the services of an architect. Facility staff should also contact the State Fire Marshall's office about the proposed changes. One major issue is whether a wall is weight bearing. Moving or eliminating a weight

bearing wall and other major changes in the building structure and electrical/and plumbing services must be performed under the supervision of an architect. It is usually safer to call and discuss a project before construction or remodeling begins.

Zero Deficiencies and Exemplary Care Awards.

The following facilities were recognized by Secretary Roderick Bremby for achieving a zero deficiency resurvey. The bureau congratulates each of the following facilities:

Hays Medical Center SNF
Citizens Medical Center LTCU
Park Lane Nursing Home, Scott City
Via Christi Riverside Medical Center SNF, Wichita
Johnson County Nursing Center, Olathe
Clay Center Presbyterian Manor
Woodhaven Care Center, Ellinwood
Sheridan County Hospital LTCU, Hoxie
Hodgeman County Health Center LTCU, Jetmore
William Newton Mem. Hospital SNF, Winfield
Newton Presbyterian Manor
Trego County Lemke Mem. Hospital LTC, Wakeeney
Southwest Medical Center SNF, Liberal

Exemplary awards:

Anderson County Hospital LTCU, Garnett

The facility was innovative and creative in developing activity and social programs that met the needs of residents with varying abilities, interests and levels of functioning. Another program assisted residents to be as independent as possible in performing activities of daily living.

Arkansas City Presbyterian Manor

The facility developed their own Resident Assessment Protocol for pain management. Surveyors reported that evidence of pain was flagged on the Quality Indicators reviewed prior to the survey. They found that the facility used a pain management program that brought the pain under control with routine use of over the counter analgesics. The residents were able to perform at a higher physical and psycho-social level due to the control of their pain.

The facility used their quality assurance program to promote team/family care of the resident. Staff were able to identify problems for individual residents before they “got out of control”. The team, family and resident negotiated and developed individualized plans to solve the problem. Interviews with families revealed that they felt very comfortable going to staff about any problem because they felt the staff would work with them in solving those problems. They also stated that they knew that staff wanted to be made aware of any perceived problem.

Meadowlark Hills, Manhattan

The regional manager noted that this facility “took the plunge” to create a complete change in the way residents live in a nursing home. The cultural changes promote care that allows residents to achieve their highest practicable physical, mental and psycho-social well being. The neighborhood developed in this facility provide and creates an ultimate living environment for the residents. When administrative staff are identify a problem, action is taken immediately.

The Forum of Overland Park

Programs developed in this facility assist residents to regain their ability to ambulate. There were residents admitted who were unable to ambulate even with assistance. Interventions were developed and implemented that assisted these residents to regain their ability to ambulate.

Mount Carmel Medical Center SNF, Pittsburg

This facility provides services that residents are as independent as possible at the time of discharge. The unit uses therapy services effectively, and through effective discharge planning ensures that the residents has access to appropriate durable medical equipment and when they return to their home setting.

OIG REPORT CONFIRMS MEDICAL DIRECTOR'S COMMITMENT TO QUALITY CARE AND RESIDENT'S RIGHTS IN NURSING HOMES

According to a [report](#) released February 24, 2003 by the U. S. Department of Health and Human Services Office of the Inspector General (OIG), nursing home medical directors describe quality initiatives, assuring patient services, and resident rights as key responsibilities in their roles as leaders of the clinical care team. The report, "An Insider's View: The Role of the Nursing Home Medical Director," is based on surveys of medical directors and other nursing home staff in seven U.S. states.

Although the report offers no recommendations, two conclusions can be drawn from it. First, medical directors have higher expectations than do nursing home administrators about their level of responsibility and involvement in nursing homes. Asked the question, "What routine services are provided and how often by the nursing home Medical Director?", the medical directors consistently reported a higher level of expected performance than did administrators in the top seven quality improvement categories mentioned. The difference between their expectations ranged from three to seventeen percent. The report notes, "While not all medical directors report that their nursing home expect them to review and revise existing medical and clinical policies, 97 percent report that it should be their responsibility." This is particularly telling, as this function is one that is clearly stated in the CMS *Interpretative Guidelines* on the role of the medical director.

"This disparity between the perceptions of the medical director and the administrator regarding the role of the medical director tells us that many nursing home administrators are not aware of the tremendous resources they have at their facilities," said Lorraine Tarnove, Executive Director of the American Medical Directors Association (AMDA). "The medical director is there not only to serve as the clinical leader of the facility but also to collaborate with the nursing director, the administrator, and other health professionals in the nursing home to provide for the total medical and psychosocial needs of residents."

The American Medical Directors Association maintains a website with resources for medical directors in long term care facilities. The address is www.amda.com.

ERGONOMICS: GUIDELINES FOR NURSING HOMES

The U. S. Department of Labor issued ergonomics guidelines for nursing homes. Facilities can download the guidelines from the Occupational Safety & Health Administration website.

<http://www.osha.gov/ergonomics/guidelines/nursinghome/index.html>

In addition to the guidelines for prevention of musculoskeletal disorders, facilities can find information about a variety of resources OSHA will provide to nursing facilities including a free consultation service. Section VI. of the document includes a number of printed resources that can be obtained via the internet to assist facilities in developing programs to prevent work-related musculoskeletal disorders.

Update: KU RESEARCH PROJECT CARE PLANNING INTEGRITY and NURSING HOME RESIDENT OUTCOMES

This exciting study funded by the National Institute of Nursing Research is underway in Kansas and Missouri nursing facilities. The project team currently is obtaining consent for participation in the study from randomly selected Kansas and Missouri facilities. In addition the project team is actively interviewing facility staff involved in the care planning process.

The result of the care planning study will provide valuable operational information to assist facility administrators, directors of nursing, and all managers involved in planning resident care. The study also will provide valuable information related to models for the care planning process that produce the best outcomes for residents at the lowest cost.

Facilities participating in the study will receive information from the study. First, each facility will receive a “Flowchart” outlining their facility care planning steps and the facility staff involved in these steps. Facilities will be able to use the flowchart to evaluate current processes for quality improvement. Second, facilities will receive the final results of the study when it is completed June, 2005.

The project will be continuing for three years. The project team at the University of Kansas will update nursing facility providers on the progress of the study periodically. If you have any questions or if you need additional information related to this study please feel free to contact the person whose address is shown below:

Roma Lee Taunton, RN, Ph.D.
Principal Investigator
University of Kansas
School of Nursing
913-588-3386

CONSULTANT NURSES CORNER

Infection control issues, physician services, pharmacy services, and restraint questions were the most frequently asked questions of the nursing home consultant by facility staff for the past three months. Below are resources that facility staff may refer to for information on these regulatory issues.

Infection Control:

Questions have arisen relating to staff wearing artificial nails, use of isolation precautions, and tuberculin testing for employees and residents.

On October 25, 2002, the Centers for Disease Control and Prevention released “Guideline for Hand Hygiene in Health-Care Settings.” The guidelines are published in the October 25, 2002 Morbidity and Mortality Weekly Report. The guideline discusses whether or not artificial nails contribute to the transmission of health-care associated infections. The guidelines can be found at and downloaded from CDC's website at this address: (www2.cdc.gov/mmwr/mmwr_rr.html)

Kansas Department of Health and Environment, Office of Epidemiologic Services has developed "Infection Control Guidelines for Health Care Workers Caring for Patients with MRSA and VRE." The guideline discusses room/roommate selection, and standard precautions. The guidelines can be found on the KDHE's website. (www.kdhe.state.ks.us/epi)

K.A.R. 28-39-161 (b) (3) addresses administration of the tuberculosis skin testing to residents and employees. The Bureau of Health Facilities Long Term Care Program Regulation Interpretation Manual addresses in detail the policies and procedures that facilities should incorporate to be in compliance with the requirement. The Regulation Interpretation Manual was revised in January 2003, and is available on KDHE's website at this location: (www.kdhe.state.ks.us/bhfr)

Physician Services:

Several questions have been received regarding frequency of physician visits, delegation of physician visits, and the requirement for physician renewal of orders.

The State of Kansas requirements for Physician Services can be found at KAR 28-39-155. The federal requirement for physician services can be found at 42 CFR 483.40 in the Guidance to Surveyors-Long Term Care Facilities. The July 1996 adult care home program fact sheet clearly defines both the state and federal physician requirements. Fact sheets from January 1994 to current, can be obtained from KDHE's website. (www.kdhe.state.ks.us/bhfr)

Physical Restraints:

Questions included placement of beds with one side placed against the wall prohibiting the resident from entering and exiting on that side. When is a bed rail considered a restraint?

The state requirement for restraints can be found at K.A.R. 28-39-150 (a) 1-4. The federal requirement for restraints can be found at 42 CFR 483.13 in the Guidance to Surveyors-Long Term Care Facilities. Section P4 of the Minimum Data Set User's Manual and 42 CFR 483.13 both address bed rails and the placement of beds against the wall.

Pharmacy Services:

Questions were also received regarding accountability of controlled substances and documentation by the registered pharmacist during the monthly drug regimen review.

The state requirement for accountability and disposition of controlled substances can be found at K.A.R. 28-39-156 (f) (1) (2). The state requirement for drug regimen review can be found at K.A.R. 28-39-156 (g) (1)- (5). The federal requirement for pharmacy services including accountability and disposition of controlled substances can be found at 42 CFR 483.60 in the Guidance to Surveyors- Long Term Care Facilities and in Section N of the State Operations Manual (SOM). The State Operations Manual is posted on the following CMS website. (www.cms.hhs.gov/manuals/cmstoc.asp)

MDS AND RAPS

News and Information

MDS and RAPS classes continue to be well attended. It is not unusual to receive a call the day after a class asking when the next class will be held. The MDS and RAPS training schedules are posted on the KDHE Bureau of Health Facilities website: www.kdhe.state.ks.us/bhfr, and at the Myers and Stauffer Welcome page for transmission of MDS data. Classes are held in a variety sites around the state.

There have been 18 classes in the past 6 months with over 680 people attending. While most of the attendees have been nurses, specifically MDS Coordinators, other staff members have attended as well. Every discipline caring

for residents in long-term care has been represented, including physicians and administrators. Administrators have made positive comments about having gained knowledge and appreciation for the MDS process. Administrators have also stated that the MDS process will assist them in promoting a team effort in their facility's approach to resident care.

Most of the questions posed to the MDS Educator involve the coding of Sections G (ADL Functioning), M (Skin Assessment), and P (Therapies, Nursing Restorative and Rehabilitation, and Restraints). The Interdisciplinary approach to resident care requires that every discipline involved with the resident understand how the assessment is coded and how a plan of care is formulated from information in the MDS and Resident Assessment Protocols (RAPS). The accuracy of coding affects a facility's case mix and reimbursement.

Some facilities continue to experience frequent turnover in their staff. MDS Coordinators do become ill and go on vacations. It is very important that more than one person in a facility be familiar with MDS, RAPS and Care Planning, and the transmission process. When data is not transmitted in a timely manner, facilities are not in compliance and this could also possibly affect their reimbursement. Kansas Medicaid requires facilities to transmit MDS data within 7 days of completion of each assessment.

The MDS Educator is available to answer questions by either telephone or e-mail. Kay's e-mail address is: kjenista@kdhe.state.ks.us. Her telephone number is 785-291-3552

SEMI-ANNUAL and ANNUAL RESIDENT STATISTICS REPORTS

Thank you to all facilities who obtain the [semi-annual](#) and [annual](#) reports online. It is hoped the process will go much smoother for the semi-annual report due in July. If you had problems, please call Sandra Dickison at 785-296-1245 for assistance.

Data is useful only if it is accurate. Administrators and operators must ensure that data is complete, accurate and easy to read before signing a report. It will only take a couple of minutes using a calculator and simple checking to reduce the number of reports submitted with errors. First make sure the complete official name and address of the facility is on each form.

Facility name and facility resident capacity information is available on the internet at this address: http://www.kdhe.state.ks.us/bhfr/fac_list/disclaimer.htm

Below is a listing of common errors found on these reports.

Semi-Annual Report

Incorrect form: Semi-annual report forms are different for each facility type. Select the correct form from the website.

Inpatient days of care: A simple check is to divide the number of inpatient days of care by 184 in January or 181 in July. Does the number you obtain appear to be a reasonable average daily census? If not, recalculate inpatient days of care according to the instructions.

Questions 15 & 16:

Question 15: If you have more than one level of care, do not report the same staff twice. Multiply the number of staff reported in 15 by at least 35 hours per week. Is this realistic for the hours reported in 16?

Question 16: The number of whole hours worked not the number of staff is to be reported. For nursing facilities it is the number of hours reported less than 2 hours per resident? If it is, please recalculate.

Annual Resident Statistics

Section A: Age and gender information entered in the wrong level of care, therefore, total does not agree with line 10 of the semi-annual report.

Sections A ,B ,C ,D & II: All totals must be the same. Individuals not living in a licensed area should **not** be included in this report.

Section C: Record the place of residence prior to initial admission.

Section D: Do not include Hospice as a source of payment. If HCBS is a source of payment in ALF or RHCF record payment source as Medicaid.

RESOURCES for QUALITY CARE

Medical nutrition therapy for the prevention and treatment of unintentional weight loss in residential healthcare facilities.

The objectives of this study included identifying the rate of unintentional weight loss (UWL) in adults following their admission into residential health care facilities, assessing the effectiveness of a new medical nutrition therapy (MNT) protocol for the prevention and treatment of UWL, and describing nutrition assessment and intervention activities of dietitians. The total prevalence of UWL in the first 90 days for this study population was 25.2%.

Journal of the American Dietetic Association, March 2003.Vol 103 No.3: 352-61

<http://www.adajournal.org>

The key to curbing unintentional weight loss lies in identifying the problem.

The medical Nutrition Therapy (MNT) protocol group for this study was more diligent than the usual care group in the process of identifying UWL. When UWL was identified, the usual care group was found to have a high standard of care for intervention. But it is important to note that the MNT protocol group reported more assessment activities compared with the usual group, which reported more intervention activities. *Journal of the American Dietetic Association*, March 2003.Vol 103 No.3: 362

<http://www.adajournal.org>

The national dysphagia diet: Implementation at a regional rehabilitation center and hospital system

The National Dysphagia Diet (NDD) was created to set standard terminology for a progressive diet to be used nationally in the treatment of dysphagia. The NDD terminology is specific for both the diet consistency and liquid viscosity. The article details implementation of the system in various care facilities including two skilled nursing facilities. *Journal of the American Dietetic Association*, March 2003.Vol 103 No.3: 381-83

www.adajournal.org

Homocysteine and Alzheimer's disease

Recently, Seshadri and colleagues demonstrated that an elevated plasma level of homocysteine (HCY) is a strong risk factor for Alzheimer's Disease (AD). Whereas more research is needed to relate folic acid, B vitamins, and homocysteine levels to AD adequate intake of folate and vitamins B-12 and B-6 are already known to be important for the prevention of hematologic and irreversible neurologic abnormalities. *Journal of the American Dietetic Association*, March 2003. Vol 103 No. 3:304-07.

<http://www.adajournal.org>

ABLEDATA is a website maintained by the U.S. Department of Education to provide information on resources for persons with disabilities. This site provides links to manufactures of assistive technologies. The site is fairly easy to use and could provide information to staff, residents and families about products that can assist individuals to be more independent. The address of the site is: <http://www.abledata.com/>

FEDERAL REMEDIES 2002 QUARTERS

Federal Remedies	2002 Quarters			
	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	7	9	6	4
Denial of Payment for New Admissions Imposed	12	17	11	10
Terminations	0	0	0	0
NOTC (No Opportunity to Correct)	28	29	21	18

KDHE HOTLINE STATISTICS
DECEMBER 2002, JANUARY AND FEBRUARY 2003
Hotline Intakes Assigned for Investigation

	Facility Mandated Reports of ANE	Non-Facility Reports of ANE	General Care
December	205	8	95
January	165	6	90
February	152	10	78
	522	24	263